



ADVERTISEMENT

[NEWS](#)

Just shy. Really.

By Judith Graham and Tribune reporter
Chicago Tribune • March 30, 2008

People who struggle against social convention fascinate Christopher Lane, a Northwestern University professor of English. In his new book, "Shyness: How Normal Behavior Became a Sickness," Lane looks at people who don't conform to our culture's fondness for sociability. It's a provocative look at an important chapter in the history of modern psychiatry.

Lane sat down with the Tribune recently to talk about the book. An edited transcript follows.

Q: Were you shy as a kid? Did you have personal experiences that planted the seed for this book?

ADVERTISEMENT

A: I was. I was quite shy as an adolescent.

ADVERTISEMENT

Frankly, though, I thought more about my mom's experience. As a child in London during the war [World War II], with the city under attack, she was very frightened and very shy. Around strangers, she'd pretend to be a horse and gallop on all fours.

What's interesting is how my grandparents decided to handle it. Which was to say there is something unusually creative about this child. She's blessed with a vivid imagination. Let's give her time.

This quirky child stands for a certain kind of spontaneous, unmedicated childhood. It's possible in today's world that behavior would be looked at very differently. And that worries me.

Q: How was shyness seen, historically, before the modern era? Was it a negative character trait? A positive trait?

ADVERTISEMENT

A: The word "shy" was applied to humans for the first time in the 17th Century. Before that time, the concept was used to refer to animals, particularly horses that were skittish.

Through most of the 19th Century, shyness was interpreted as a virtue. It signified that a person was reflective and introspective. And that was seen as a plus.

Interestingly, [Charles] Darwin was fascinated by shyness because he couldn't understand what its evolutionary purpose was. Why would people blush?

Most Read

Mayor Lori Lightfoot blasts



Why would they feel ashamed or embarrassed? He couldn't understand the function these behaviors served.

Q: So when did shyness become something to be concerned about?

A: I would say that began in 1980 with the publication of the DSM III [the Diagnostic and Statistical Manual of Mental Disorders, third edition, published by the American Psychiatric Association].

That's where you find the worries many people have -- fear of speaking in public, of eating alone in restaurants, of giving presentations at work -- listed as indications of potential mental disorders. Specifically, social phobia and avoidant personality disorder.

That's really disconcerting because shyness becomes almost indistinguishable from these disorders, and because it invited people to second-guess normal behaviors. By the 1990s you see social anxiety disorder named as the "disorder of the decade" in Psychology Today.

Q: You find this disturbing?

A: I'm prepared to say there are people who are very anxious about being with people. People who can't leave the house because they're so chronically impaired.

But the DSM made it difficult to distinguish between that small group of chronically impaired people and people who have run-of-the-mill anxieties. Every edition of the DSM has defined more psychiatric disorders than

teachers union for 'abandoning' families, says she remains hopeful a deal can be done for Monday

2h

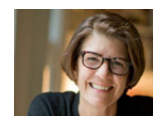
Chicago Public Schools would go remote Wednesday under new CTU proposal, but mayor rejects it: 'We will not relent'

7:47 PM



Ask Amy: Partner and dog should roam free

12:05 AM



ADVERTISEMENT

the last. The bar is being lowered all the time.

And then, of course, there are the psychotropic medications given to these patients, which can have horrible side effects.

Q: What's in it for the psychiatrists?

A: I would say as a whole I think psychiatrists feel that it is their responsibility to eliminate suffering and that their consensus right now is that medication is the most efficient and pain-free way of doing that.

For me, the profession has lost some of its direction. It became so enamored of psychopharmacology that it failed to see what it was giving up in the process: a much more nuanced and rich examination of the mind. That now just gets shunted aside in the literature as something of historical interest.

The conflicts of interest can be enormous. Psychiatrists are paid consultants to drug companies too much of the time.

Q: The diagnosis "social anxiety disorder" opened up a huge new market for drug companies marketing SSRIs [selective serotonin reuptake inhibitors]. What happened?

A: Basically, as soon as SmithKline Beecham [now GlaxoSmithKline] got FDA approval to sell Paxil as a treatment for social anxiety disorder ... they ran a very expensive public awareness campaign. It was the "Imagine being allergic to people" campaign. It cost

ADVERTISEMENT

them \$93 million -- \$3 million more than Pfizer spent that year on Viagra.

As they bragged in Advertising Age, it was a way of increasing the number of diagnoses and creating a new market. First they had to convince people they weren't just shy -- that they had social anxiety disorder.

Q: Why would people accept that diagnosis?

A: It's a fascinating question, and a complicated one. You have the apparent reassurance of a scientific label. You can say, my problem isn't to do with me or my psychology or my upbringing.

The label is a strange distancing device. Because it means one needn't really think about oneself in the process. It's really a question of my neurotransmitters.

jegraham@tribune.com

ADVERTISEMENT



Copyright © 2021, Chicago Tribune